



Early Childhood HEALTH LINK



Uniting Children, Parents, Caregivers and Health Professionals
New Jersey Edition • Volume 4: Issue 4 Spring 2006

Health and Safety Calendar

MARCH

National Brain Injury Awareness Month

The Brain Injury Association of America: Creating a better future through brain injury prevention, research, education and advocacy. Visit www.biausa.org and choose English or Spanish.

National Nutrition Month

We should focus on good nutrition and eating healthy every month. This site from the American Dietetic Association (ADA) has tips of the day, weight management information, and those trans fats. Lots of resources for parents and caregivers who want to teach healthy habits.

www.eatright.org

The "Child Care Nutrition Resource system" is THE source for providers for nutrition information, Child and Adult Food Program information, recipes, resources, and more!!!

www.nal.usda.gov/childcare

Get wonderful and FREE nutrition lesson plans for teachers, and child nutrition specialists to use in teaching nutrition and health to children from

www.neatsolutions.com

Check out this awesome archive of "Mealtime Memos for Child Care" (in English and Spanish) from the National Food Service Management Institute.

www.olemiss.edu/depts/nfsmi

National Poison Prevention Week March 19 - 25

Order up to 100 free copies of brochures and materials to help educate families be more aware.

www.poisonprevention.org

APRIL

National Child Abuse Prevention Month

What a great website we have in New Jersey! You can ask the experts, find a speaker, and borrow from the lending library. There are also wonderful handouts for parents!

www.preventchildabuse.nj.org

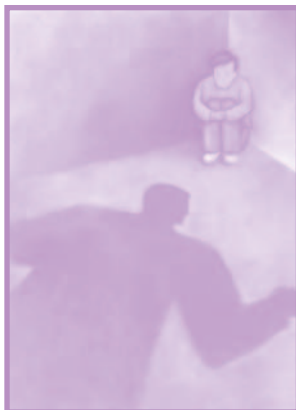
Here's a plethora of information, support services, and bilingual prevention strategies from The National Clearinghouse on Child Abuse and Neglect Information from The US Department of Health & Human Services, Administration for Children & Families.

<http://nccanch.acf.hhs.gov/topics/prevention/index.cfm>

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Working Together to Prevent Child Abuse & Neglect

RUTH S. GUBERNICK, MPH, PUBLIC HEALTH CONSULTANT



According to Caring for Our Children (CFOC, Appendix L), certain triggering situations may increase the risk for child abuse and/or neglect.

THESE INCLUDE:

- Crying baby
- Child's misbehavior
- Discipline gone awry
- Argument (adult-adult conflict)
- Overly zealous toilet learning/training

This article focuses on coping with crying, effective discipline and toilet learning/training.

ALL BABIES ARE DIFFERENT, BUT THEY ALL CRY.

Babies cry – this is what they do. It is their way of communicating with you. Crying, especially in the late afternoons and early evening, may increase during the first 6 to 8 weeks. Two to three hours of crying a day in the first 3 months is considered normal.

However, crying is also a major trigger for most physical abuse and death from physical abuse for infants and young children. All parents and caregivers can understand and relate to feelings that a crying baby evokes. Therefore, focusing on the crying and looking at the impact that it has on the family or in the child care setting, rather than just stressing "don't shake a baby", which no parent or caregiver believes they would ever do, is more likely to help prevent abuse. Also, remember that responding to an infant crying will not result in an infant being "spoiled" or over-coddled. To the contrary, responding to a baby's crying is the foundation to building a trusting relationship.

(See the related articles about what to do for a crying baby on page 7 and find out more about Shaken Baby Syndrome on page 3.)

DISCIPLINE = TEACHING

Discipline is more than just punishing improper behaviors – it is teaching proper ones. Teaching desired behavior begins on a foundation of positive parenting and care giving that includes daily routines, praise for desired behavior, and the provision of a nurturing and understanding environment. Caregivers can then 1) communicate clear expectations, 2) show the children how to be successful, and 3) focus more attention on the child's positive accomplishments than on misbehavior.

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Tantrums can begin at an early age. If the child is safe, simply wait it out. Reasoning with toddlers does not generally work, especially when they are frustrated and enraged. Calm caregivers can often figure out why the child is frustrated. It is best to get curious, not furious. When a caregiver responds to a tantrum with anger, the child becomes the teacher. A parent or caregiver who can predict which situations will lead to tantrums can anticipate and redirect before the situation gets out of control.

STRATEGIES THAT CAN HELP MANAGE BEHAVIORAL ISSUES (See CFOC, Standard 2.039.):

- Responses to misbehavior must be developmentally appropriate to be effective. Distraction and diversion are the best disciplinary measures for infants and toddlers. Changing the environment or activity is an effective way to change a child's behavior.
- Redirect any activity using a neutral voice. Infants don't understand the word or concept of "no" before they are about 9 months old, and need frequent reminding for a long time after that.
- Give immediate praise for behaviors you want to reinforce. Don't laugh or smile at behavior that you do not want to continue. Be consistent in communicating what you expect.
- Ignoring behaviors, such as whining or tantrums, can be very effective. Other times redirecting a child who is over-stimulated or tired may be effective. Negative behaviors are often attention-seeking behaviors that stop faster without an audience.
- When other strategies don't work, it may help for a child to take a "time out." Rather than a punishment, a time out is a chance for the child (and often for the caregiver, as well) to cool off and regroup. To be effective, time out should be used consistently and shouldn't last too long—try one minute for each year of age. Try to give a few warnings about a time out before actually instituting it, and follow it up with a brief explanation of the misbehavior and of the desired behavior.



TOILET LEARNING/TRAINING

In learning to use the toilet, the child takes a dramatic step toward control of his own life. This is often the first real opportunity the child is given to independently manage an activity of daily living, one that no one can do for him. However, it is an activity that can be emotionally charged and often messy.

Not surprisingly, more abuse occurs during toilet training than during any other developmental step. Parents' and other caregivers' expectations often exceed the child's abilities or understanding and the child's frustrations and imperfect attempts at self-control are easily mistaken for willful disobedience. Starting toilet training too early can create stress for the child AND the parent and actually prolong the process.

As with other teaching challenges, a consistent approach will be most successful.

The child care provider's plan must be developed and coordinated with the parent's plan for implementation in the home environment and include the preferences and customs of the child's family (CFOC, Standard 2.005).

STRATEGIES TO PROMOTE SUCCESSFUL TOILET TRAINING:

- A partnership is needed between parent and child care provider. All of the child's regular caregivers should be involved!
- Non-punitive, reward-based techniques are more effective. Recognition and affection are the best rewards!
- Setbacks are common. Caregivers need to understand that the process of learning self-management may not be a quick one. Occasional relapses should not be seen as failures, but as a natural step toward success.

In summary, putting these suggested strategies into routine use in the child care setting will help reduce these situational triggers and help prevent child abuse and neglect.

Acknowledgement: Information for this article was derived from the Practice Guides developed for the American Academy of Pediatrics' Practicing Safety Project, funded by an educational grant from the Doris Duke Charitable Foundation.

Health and Safety Calendar (cont.)

Week of the Young Child - April 2-8

This is a great opportunity to raise awareness of early childhood care and education, build partnerships and honor teachers and children in your community. Resource information is available at

www.naeyc.org/about/woyc

National Infant Immunization Week April 22-29

For children 5 and younger parents or providers can enter a birth date and see what immunizations that child should have. www2a.cdc.gov/nip/scheduler_le/default.asp

This easy to understand website has information in several languages for children and adults - www.immunize.org

MAY

Asthma and Allergy Awareness Month

The odds are that you or someone you love has asthma or allergies. At anytime of year, keep current with information on this website from The Asthma and Allergy Foundation of America. www.aafa.org

The Pediatric and Adult Asthma Coalition of New Jersey is your path to asthma control. Is your home or school 'asthma-friendly'? Do you have a "plan" to care for the child having an asthma attack? Find lots of information including the Asthma Action Plan at www.pacnj.org

Food Allergy Awareness Week May 14-20

The Food Allergy and Anaphylaxis Network is the place to find answers and keep aware of common food allergens, ways to manage allergies at school (or child care!), allergy news alerts and so much more! This is the place to get an allergy action plan to assist in caring for a child with life threatening allergies. Information is in English and Spanish. www.foodallergy.org

National Safe Kids Week - May 6-13

Accidental injury is a leading killer of children 14 and under worldwide. Most of these accidental injuries can be prevented by taking simple safety measures. Check out www.safekids.org and www.aap.org

National Stuttering Awareness Week May 8-14

Did you know that over 3 million Americans stutter and some 20% of children go through a stage of stuttering? Did you that it could be normal? Wow! This website has so much information, in English and Spanish, risk factors, 7 ways to help a child, finding help, and more. www.stutteringhelp.org

Provider Appreciation Day - May 12

Go to www.providersfirst.com for information and ways to celebrate this special day, a day to honor "child care providers, the world's unsung heroes."

Shaken Baby Syndrome

WHAT IS SHAKEN BABY SYNDROME (SBS)?

Shaken Baby Syndrome is a form of inflicted head or brain injury. It is caused by vigorous shaking of an infant or young child. Often the caretaker is holding the child by the shoulders or upper extremities. Since a baby's head is large and heavy and neck muscles are weak, violent shaking causes the brain to bounce back and forth within the skull cavity leading to bruising, swelling and bleeding into fragile brain tissue.



CONSEQUENCES OF SHAKING AN INFANT OR TODDLER

Swelling in the brain can cause enormous pressure within the skull, compressing blood vessels and increasing overall injury to its delicate structure. The consequences can include anything from irritability, vomiting and poor feeding to developmental delays, behavioral disorders, learning problems, blindness, hearing loss, mental retardation, seizures, cerebral palsy, and, in the worst cases, death. Severity of the infant/child's injuries varies with the number and severity of the shaking episodes, and sometimes goes undiagnosed for some time because the signs are not physically obvious.

SCOPE OF PROBLEM

Head trauma is the leading cause of death in child abuse cases in the United States with SBS as a form of head trauma that includes shaking and sometimes impact from the child being thrown or hit. The vast majority of SBS occurs in infants younger than 1 year old – **average age is between three and eight months**. Boys are 60% more likely to be shaken than girls. The perpetrator is most likely to be a male (father, mother's boyfriend, teen brother, male baby sitter), often in their early 20's, and a caretaker at the time of incident.

WHY DOES IT HAPPEN?

The number one reason a baby is shaken is **INCONSOLABLE CRYING**. Stress and frustration of dealing with a fussy baby or issues around toilet training or feeding may also trigger an inappropriate shaking response. Angry and frustrated parents or caregivers feel that shaking a baby is a harmless way to make a child stop crying or otherwise getting the infant or child to meet their expectations. However, the reality is that the result of shaking can lead to lifelong disability.

PREVENTION OF SBS

Knowledge is power, and the good news is that SBS is 100% preventable. It is critical that all persons caring for young children be made aware of the potential dangers of shaking, and the need to learn how to cope with the feelings, stress and anger associated with crying infants and general developmental issues of infants, toddlers and young children. An excellent prevention and parent support resource can be found at www.pa-of-nj.org.

Health Promotion in Child Care Begins with a Daily Health Check



Caring For Our Children (CFOC) Standard 3.001 recommends conducting a daily health check on each child, conducted as soon as possible after the child arrives at care, and also whenever a change occurs while the child is in care. (A copy of this record can be downloaded from <http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20F.pdf>). The information for the daily health check is obtained by direct observation of the child, questioning the parent/guardian at drop off or pick up time, and questioning the child if applicable.

Staff conducting a daily health check should observe the child and question the parents about:

- Changes in behavior or appearance
- Any skin rashes and itchy skin or scalp
- Signs of fever such as a flushed appearance or shivering
- Complaints of pain or not feeling well
- Vomiting, diarrhea, and drainage from eyes
- Reported illness in a child or family member since last in child care

Appendix F in CFOC provides an enrollment/attendance/symptom record for the provider's use. This form uses symptom codes to be entered into a box for the day such as: put a 2 in the box if behavior change is noted with no other symptoms; put a 3 in the box if the child is experiencing diarrhea. For example, if a parent arrived with a baby who is crying persistently, the provider conducts the health assessment and determines the baby has a fever, a reason for exclusion (CFOC 3.065), the provider would mark 4 for fever and write that the baby was sent home.

Web Wandering:

Upon "googling" child abuse for some resources and information, I discovered an awesome website - with so much great stuff - on so much more than just child abuse! Check out www.healthynj.org, the UMDNJ libraries consumer health website for New Jersey. It's truly one-stop shopping for information and NJ resources on "Health & Wellness", "Diseases & Conditions", "Just for Kids", and "Health in NJ" in either English AND Spanish.

Hmmm, I always seem to go to the kids section first. There's help for homework! There's information just for kids and teens (AND those who wish they were a kid!). From bears to wolves, droughts to floods, and bike safety to learning about the Judiciary system- this site has a wealth of well put together information for our children. I'm bookmarking this site right now for my own kids!

Information on Child Abuse can be found via the top or the bottom of the page entering "Health & Wellness". Scroll down the bilingual columns to Child Abuse or Abuso a los niños, and click there. Here you will learn the basic descriptions of the different types of child abuse and signs and symptoms to look out

for. Click on the bold areas on the left side of the page to learn about NJ resources like the NJ Safe Haven Infant Protection Act, Megan's Law, and Prevent Child Abuse New Jersey. Also, look for the Question and Answer section, Newsgroups, and Online Support.

What a great find! I hope you will also bookmark this site for a plethora of New Jersey resources and information.



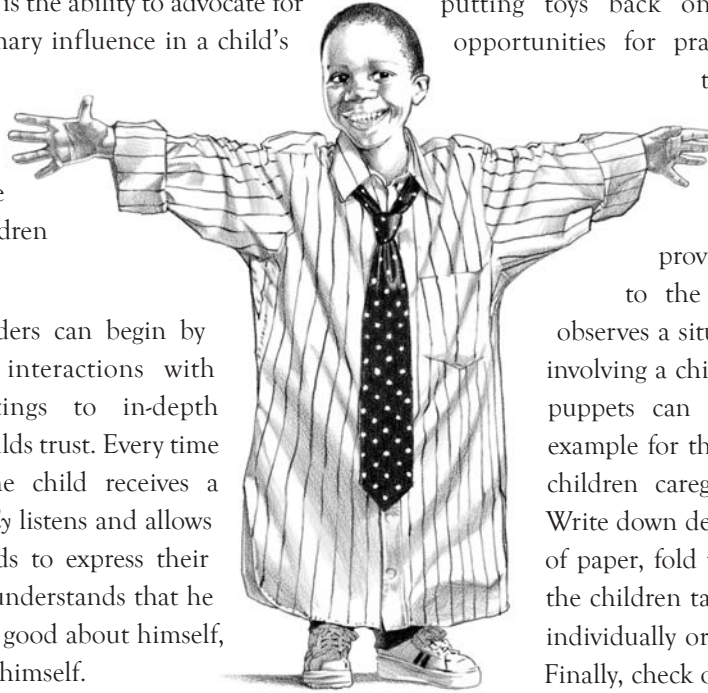
Teaching Children to Advocate for Themselves

JUSTINE FOLEY, CHILD CARE SPECIALIST, Catholic Charities, Diocese of Metuchen

One of the most important skills one can help to develop within a child is the ability to advocate for themselves. As a primary influence in a child's life, those who care for children, whether in a child care center or family child care home, are in a unique position to provide positive experiences to help children develop this ability.

In any child care setting, providers can begin by building trust through daily interactions with children. From simple greetings to in-depth conversations, each encounter builds trust. Every time one connects with a child, the child receives a positive message. When one *really* listens and allows a child the time he or she needs to express their thoughts and feelings, the child understands that he is important. When a child feels good about himself, he is more likely to advocate for himself.

Additionally, caregivers can set expectations and provide support. This often means providing the words a child may not yet have. "I see you are hurt and angry. Tell Jamie, 'You may not hit me, it hurts!'" The provider should then help the child follow through, encouraging the child to use a firm



"I mean it" voice. When presented as an expectation, just like putting toys back on the shelf, children have many opportunities for practice. Eventually, standing up for themselves, becomes a natural part of their skill set.

Through the use of puppets, role play and literature, child care providers can tie this important concept to the curriculum. When the provider observes a situation in the child care environment involving a child's need to stand up for themselves, puppets can reenact the scenario providing an example for the children to follow. For school age children caregivers can create a "role play" jar. Write down descriptions of unfair behavior on slips of paper, fold them and place them in a jar. Have the children take turns choosing situations. Decide individually or as a group the best way to respond. Finally, check out the library or bookstore for books available to assist in helping children stand up for themselves.

When important adults provide opportunities such as these to help children learn to speak up for themselves, they truly help children to develop skills that will last a lifetime.

Medication Administration Quiz #1

This is the first of a series of "quizzes" to help you assess how your child care facility is doing with being prepared to administer medications. Relax, there is no grade or report card, just a series of suggestions that you can adapt for your facility. The "final exam" is seeing children being healthy and safe!

1. Are you designating a medication administration person?

2. Are you arranging for back-up if the designated medication person is not available?

A. Yes to both questions - Congratulations! Having a designated person available to administer medications makes it easier to always follow procedures and document appropriately. Larger facilities face challenges in identifying children if the medication administration person is not familiar with the children. Think about methods to ensure that you have the right child. Your child care health consultant (CCHC) may be able to give you suggestions.

B. Yes to #1 and no to #2 - Well, staffing is always a challenge and it can be really difficult to always have a back up. Check with your CCHC about medication administration trainings in your area to help get more staff members up to speed on medication administration issues.

C. No to both - Giving medications is a challenge, but that challenge is easier if you organize. Contact your CCHC about Medication Administration trainings to help you tackle these issues.

Especially For Parents...

What's in Your Child's Lunch Box?

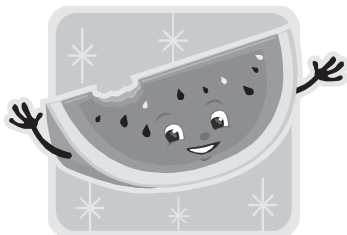
KATHY STANSFIELD, RD, Nutrition Consultant

Every year, March is designated as National Nutrition Month by the American Dietetic Association. This is a great time to evaluate nutrition and physical activity habits and make improvements as needed. A good place to start is with school lunch. Are your children eating as healthy as they should be?

A healthy school lunch should include as many of the basic food groups as possible. A child should consume about 1/3 of their daily nutrient needs at this meal. The fat (especially saturated fat), sodium, and sugar content should be kept low. Most of the prepackaged convenience lunches available at the supermarket are high in fat, sugar, calories, and sodium. They are expensive too. If you send your child to school with these, you may want to check the food label and reconsider. A healthy lunch can easily be made at home. To avoid the morning rush, try preparing the lunches the night before and store in the refrigerator overnight.

An insulated lunch box is a good investment for sending school lunch especially if no refrigeration is available. Also buy frozen ice packs for the lunch box to keep perishable foods at proper temperature and safe. A thermos (not glass) is also an option for sending hot foods to school. This works great for soups, chili, pasta meals, or other hot meals that your child may enjoy.

Sandwiches are very easy to send to school. Try using whole grain or whole wheat bread for more nutrition. Good sandwich fillings are peanut butter & jelly, cheese, hummus, turkey, or lean ham. Surprise your child by using a cookie cutter to cut out a special shaped sandwich. This will keep them interested.



will also go well with a small container of yogurt. Don't forget the ice packs if there is no refrigerator.

Vegetables can be added to the meal in a variety of ways. Cut up vegetables such as cucumber, celery, peppers or carrots



and send them in a bag or container. Send along some low fat dressing or hummus for dipping. You can add lettuce, tomato, or cucumber to sandwiches. Vegetable soup can be heated in the morning at home and placed in a small thermos for school.

Fresh fruits are easy to send. You can pre-cut and peel apples, oranges, and pears. Send them in an air tight container or sprinkle the apples and pears with some orange juice to prevent browning. Individually packaged fruits are available at the store and are healthy choices as well. Be sure to buy them with no added sugar.

Low fat milk is a great choice for beverage. Send in a thermos with ice packs or buy the type that doesn't need refrigeration (you will find these in the aisle with juice boxes). If you do send a juice box, buy only 100% fruit juice fortified with vitamin C. Many are also fortified with calcium too. Water is also a good choice.

If your child enjoys sweets, go for lower sugar options that provide some nutritional value. Animal crackers, graham crackers, vanilla wafers, oatmeal raisin cookies, or pudding are healthier choices than candy, cakes, and cookies with cream and icing.



So go ahead and give it a try. Make your child's lunch a healthy one! You will be providing him/her with good nutrition and helping to establish healthy eating habits that will last a life time!

To avoid choking in children under 4 years of age, do not offer children foods that are known to be high risk for choking. Those include crunchy vegetables such as carrots cut in rounds, fruit with pits, peanuts, popcorn, hard pretzels, marshmallows, and spoonfuls of peanut butter. Some of these foods can be altered to increase their safety--grapes can be cut in halves or quarters; hard vegetables can be partially cooked then cut into small pieces; firm fruits should also be cut or chopped in small pieces. See CFOC Standard 4.037.



"What to do with a crying baby?"

Question: *One of our babies has been crying a lot lately and the staff is getting concerned. Their regular tricks for comforting babies don't seem to be working, and the stress level in our infant classroom is quickly escalating. Please offer us some advice.*

Answer: Crying is a baby's first form of communication, and it can be a tiring job to interpret and respond to a baby's cries. Generally babies cry to communicate basic needs such as being hungry, wet, tired, too hot or too cold, frightened, lonely, overwhelmed, sick, or in pain.

Through close, consistent relationships infants and caregivers form attachments and learn to interpret each others signals. By quickly and consistently responding to an infant's cries, the baby learns that the world is safe, develops trust, and will eventually learn self-comforting techniques. Contrary to popular belief, it is impossible to spoil an infant, and generally the longer a baby cries the longer it takes to stop crying.

There are several ways to soothe a crying baby. It is generally best to start by making sure the basic needs are met (such as feeding, burping, and changing the diaper) and then expanding to comfort measures (such as taking the baby for a walk; rocking the baby; infant massage; talking, singing, and playing with the baby; lowering surrounding noise and lights; offering a pacifier; and turning on "white noise" such as the humming of a vacuum or hair dryer). Caring for a crying baby can be stressful, and talking with other caregivers and parents can be a great way to relieve stress and learn new tips for calming a fussy baby.

Question: *So what should you do when the typical things like feeding, burping, singing, and rocking don't seem to work?*

Answer: This is when it is helpful to look for cues as to why the baby might be crying. Conducting a daily health check can help you to quickly identify any signs of illness, injury, or abuse. Does the child feel warm, appear flushed, or is pulling on his or her ears? These are all signs that medical attention might be indicated (See related article on page 4).

Is the baby putting everything into her mouth and have red, swollen gums? The baby could be crying because of teething pain.

Is the child between 6 and 18 months of age, and developing stranger and separation anxiety? Games like peek-a-boo, maintaining consistent routines, and bringing in familiar items from home are all ways of helping children cope with this developmental phase that affects some more significantly than others.

Are there unusual family stressors or changes in the child's sleep and rest schedule? Infants can be very sensitive to changes in routine, family stress, and lack of rest. Open communication with families about changes in routines, reassurance of positive experiences, and recommendations of comforting techniques that seem to work at home and child care are essential.

Colic, premature birth, prenatal exposure to drugs and alcohol, and maternal depression are all additional potential causes of an inconsolable infant. Whatever the cause, constant crying can be very stressful even for the most experienced caregivers. Remember to take time out for your own mental health, as babies pick up on your emotions. Take a deep breath, lay the baby down in a safe place and walk away for a few minutes, or put on some relaxing music. If the crying becomes more than you can bear or if you have any thoughts of shaking, hitting, or harming the child get help immediately.

PLAY Activity Card

Kick It! (for infants)

BENEFITS

Physical: Strengthen Leg Muscles

Cognitive: Cause and Effect

Social/Emotional: Building a Relationship with the caregiver

- Lay the baby on her back.
- Place a small pillow or stuffed animal by the baby's feet.
- Encourage her to kick it!
- If the baby doesn't kick the object on her own, hold it just close enough to let her feel it with the bottom of her feet.
- Make sure she gets to kick with both right and left feet.
- Use language to encourage her and describe what she is doing, such as, "You are kicking the pillow!" "What a good job!" "You are soooo strong!"





Healthy Child Care NJ

NJDHSS

Child and Adolescent Health

PO Box 364

Trenton, NJ 08625-0364

(609) 292-5666

judith.hall@doh.state.nj.us

Project Director:

Judith Hall, MS, RN, CS

Medical Director:

Elaine Donoghue, MD, FAAP

*Jersey Shore University
Medical Center*

Newsletter Committee:

Elaine Donoghue, Co-editor

Judith Hall, Co-editor

Burlington County Community Action Program

Brenda Conover, RN, MSN, CPNP

Catholic Charities, Diocese of Metuchen

*June Cuddihy, RN, CS, MSN
Chair*

Ellen Whitford, RN, CPHQ

North Jersey 4 Cs

Susan Smiley Greene, RN

NORWESCAP - Child & Family Resources Services

Debra Donbar, RN, MSN

Gail Hicks, RN

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***This newsletter is not a substitute for
the advice of a health care provider
and should not be relied on as such.***

Letter from the Directors:

The theme of this issue of Health Link is preventing child abuse and neglect. One way that we work together to keep children healthy and thriving is to share our concerns and communicate with each other to strengthen the safety net for parents in difficult times. Child care providers and health care providers can both be trusted confidants for parents. If a parent is struggling with issues of mental illness, substance abuse or domestic violence, hearing the same message from different sources might make the difference in starting on the path of seeking help.

We should be familiar with resources available to help parents who are in need or if we don't know the resources, we should know whom to ask. Child Care Health Consultants are great at knowing resources and helping people to network. Maintaining confidentiality is important, but there are many ways to help that will allow us to maintain privacy and trust. When parents cannot handle their stresses and their children suffer, we must take responsibility to report our concerns to DYFS to maintain the child's safety.

Early childhood educators and health professionals can collaborate on many levels in addition to preventing child abuse/neglect. On a national level, the American Academy of Pediatrics (AAP) presents on health topics at NAEYC (National Association for the Education of Young Children) and NAFCC (National Association for Family Child Care) meetings. The AAP is moving the Early Education and Child Care Special Interest Group (SIG) from an informal SIG to a formal Section status within its organization in recognition of the important issues in early childhood education. The Healthy Child Care America website has its home at the AAP and there are many joint publications such as Caring For Our Children (CFOC) and Managing Infectious Disease in Child Care and Schools.

On a state level, the Health In Child Care conference presents a wonderful conference annually. This year's conference on May 24th promises to be excellent as well. For more information and to register contact 732-329-0033 or www.njaeyc.org.

On a local level, reach out to the pediatrician's in your area and start a dialogue. The AAP-NJ has a Child Care group and has regular articles in their newsletter about issues of health in child care. The EPIC (Educating Physicians in the Community) Child Care program goes to pediatric offices to present to the whole office staff and is a great way to build bridges on a local level.

We should build bridges to not only protect children from abuse and neglect, but to carry them to a healthier future.



Jon S. Corzine
Governor



Fred M. Jacobs, M.D., J.D.
Commissioner

***Please feel free to duplicate any part of this newsletter and share it with
your colleagues and parents of children in your care.***